

1073

ARIZONA STATE BOARD OF HEALTH

State File No. _____
Registered No. _____

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Graham State ARIZONA
Township _____ or Village _____
City Morenci No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Simmons

If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Married? _____ 8. Date of birth July 25th, 1908
5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name FATHER
Simmons, R M
10. Residence (usual place of abode)
(If non-resident, give place and State) _____
11. Color or race Cauc 12. Age at last birthday _____ (Years)
13. Birthplace (city or place)
(State or country) _____
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) _____
20. Color or race Cauc 21. Age at last birthday _____ (Years)
22. Birthplace (city or place)
(State or country) _____
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother --
(At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ {months or weeks} 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____ (Date of) _____

(Signed) A C Gilliam, M. D.
Address Phys. Div. of Vital
Filed Records in 1925, 19____
Registrar.